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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on June 9, 2006
Date

Theresa C. To

Signature

Theresa C. To

Typed or printed name of person signing Certificate

Registration Number, if applicable

(612) 492-7000
Telephone Number

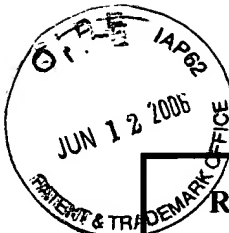
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The following papers listed below are submitted:

Request for Withdrawal as Attorney or Agent and Change of Correspondence Address; Return postcard

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/043,433
Filing Date	January 7, 1999
First Named Inventor	David D. Mundschenk
Art Unit	1616
Examiner Name	Konata M. George
Attorney Docket Number	15050.4.2

To: **Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above-identified application, and

- ☒ all the attorneys/agents of record
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number **022859**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The attorneys/agents of record are withdrawing as counsel for the applicant/assignee due to the applicant/assignee's inability to pay substantial sums, both coming due and in arrears, for legal services and fees associated with its intellectual property matters.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	David D. Mundschenk Biotherapeutics, Inc., f/k/a/ Phylomed Corporation				
Address	504 SE Second Avenue				
City	Dania Beach	State	FL	Zip	33004
Country	USA				
Telephone	(954) 328-5604	Email			
Signature					
Name	Philip M. Goldman	Registration No.	31,162		
Date	June 9, 2006	Telephone No.	612.492.7000		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 12 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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